

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Sarah McIntosh
Name

(2) 4521 NW 27th Street
Address (number and street)

Lauderhill Florida 33313
City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

RECEIVED

OCT 15 2018

CITY CLERK'S OFFICE

AA

(4) Check appropriate box(es):

☒ Candidate Office Sought: _____

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 9 / 1 / 18 To 10 / 5 / 18 Report Type: 2018-64

☐ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , 150 . 00

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 12 . 00

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 12 . 00

(8) Other Distributions

\$ _____ , 1 , 531 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 2 , 673 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 1 , 531 . 00

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Sarah McIntosh
☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X Sarah McIntosh
Signature

(Type name) Sarah McIntosh
☒ Candidate ☐ Chairperson (only for PC and PTY)

X Sarah McIntosh
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Sarah M. Ditch

(2) I.D. Number _____

(3) Cover Period 9/1/18 through 10/5/18

(4) Page _____ of _____

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
9/13/18	T.D Bank	Statement Fee	CAN	N/A	12 ⁰⁰
1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Sarah McIntosh (2) I.D. Number _____

(3) Cover Period 9 / 1 / 18 through 10 / ~~15~~ / 18 (4) Page _____ of _____

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
<u>10 / 2 / 18</u> 1	<u>Sarah McIntosh</u> <u>4521 NW 27th St</u> <u>Lauderhill Fla.</u>	<u>S</u>	<u>—</u>	<u>LOA</u>	<u>N/A</u>	<u>N/A</u>	<u>150.00</u>
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							